

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND

CAMPAIGN DISCLOSURE

2008 JAN -7 PM 3:59

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Marshall County Republican Women</u>	
IMPORTANT: Indicate type of committee you are reporting for: <u>2</u>	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>9555</u>	
Indexed <u>5</u>	
Audited	
Computer	

[Signature] 641-752-1272
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1-7-08
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19 REPORT FOR ANA (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1880.21

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) _____

383.00

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) _____

537.73

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 1725.48

UNPAID BILLS (From Schedule D - Attach Schedule D) _____ \$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) _____ \$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) _____ \$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) _____ \$

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 08/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall Co Republican Women

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/07	ID# CK# 1157	Cash for charge	Soup supper	\$50.00
10/22/07	ID# CK# 1158	Marlene Nichols 2012 Wardnew Marshalltown IA 50158	postage & advertising	206.72
10/22/07	ID# CK# 1159	Jan Honey 1812 Edgemoor Marshalltown IA 50158	food for soup supper	131.01
11/29/07	ID# CK# 1160	Fisher Comm Center POB 1000 Marshalltown IA 50158	Auditorium Rent	150.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$537.73

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Marshall Co Republican Women*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FOR FUND-RISER NAME
10/22/07	ID# CK#	<i>Redeposit Change Soup Supper</i>		\$ 50.00	<input type="checkbox"/>
10/18/07	ID# CK#	<i>Peggy W. Lehto 2024 200th St Marshalltown IA 50158</i>		20.00	<input type="checkbox"/>
10/16/07	ID# CK#	<i>George Bunting 2304-165th St Albion IA 50005</i>		5.00	<input type="checkbox"/>
10/16/07	ID# CK#	<i>Sarah Mayberry 1800 Watrous Ave Des Moines IA 50315</i>		5.00	<input type="checkbox"/>
10/16/07	ID# CK#	<i>Gerald Zickler 1706 S. 44th St Marshalltown IA 50158</i>		25.00	<input type="checkbox"/>
10/16/07	ID# CK#	<i>Opne Gsch 410 N 9th St Marshalltown IA 50158</i>		10.00	<input type="checkbox"/>
10/16/07	ID# CK#	<i>unitemized cash contribution</i>		268.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	383.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

IA ETHICS AND
CAMPAIGN DISCLOSURE

CENTRAL IOWA TITLE SERVICES, LLC

26 S. 1st Ave, Suite 223

P.O. Box 618

Marshalltown, IA 50158

(641) 752-5556

email: jan@centraliowatitle.com

2008 JAN -7 PM 3: 59

DATE SENT: January 7, 2008

FAX NUMBER: 515-281-4073

TO: Iowa Ethics

FROM: Jan Sipe

NO. OF PAGES: 1 INCLUDING COVER LETTER

TRANSMITTED FROM: (641) 352-4601

RE: Marshall County Republican Women

Enclosed please find the January 19 report and a copy of the December bank statement.

If you need anything else, please email me at jansipe2001@yahoo.com.

Thanks.